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HEALTH
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ASHFORD URBAN DISTRICT

A N N U A L R E P O R T

FOR

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ON THE

PUBLIC HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

J. MARSHALL

M.B., Ch.B., D.P.H.

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Medical Officer of Health (Ashford Urban District Council)
Principal Medical Officer (Kent County Council)

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1955

Medical Officer of Health (A.U.D.C.) and Principal
Medical Officer (K.C.C.)

MARSHALL, J., M.B., Ch.B., D.P.H.

Chief Sanitary Inspector

HARLAND, H.J., Cert. R.S.I., M.S.I.A., Certificated
Meat Inspector.

Additional Sanitary Inspector

HAMMOND, S.F., Cert. S.I.E.J.B., M.S.I.A.,
Certificated Meat Inspector.

Vascular Diseases. These causes, as a group, occur naturally amongst the aged and therefore always cause the highest number of deaths. Deaths from Coronary Artery disease however were 51, which were not inconsiderable and may be regarded as not being exclusive to old age. Many middle-aged persons are stricken by this disease and it is thought by competent opinion, that the stresses, strains and anxieties of modern existence may be a powerful contributory factor. Similarly, vascular diseases of the nervous system, which are chiefly constituted by sub-arachnoid and cerebral haemorrhage, often associated with high blood pressure, may be thus caused; there were 49 of those deaths.

There were 40 deaths from Cancer, which, as anticipated, was the second highest cause of deaths. This malignant disease does not exclusively attack the elderly, and many lives at middle-age could be saved if diagnosis and treatment were instituted before the disease became advanced.

There were 11 deaths from Cancer of the Lung, 8 in males and 3 in females. Since 1950, when Cancer of the Lung and Bronchus, became separately classified by the Registrar General, the number of deaths has been 3, 6, 6, 9, 8 and 11 in the succeeding years. There has therefore been an upward trend since 1950. The evidence, however, that the inhalation of tobacco smoke is a contributory factor, is rather nebulous and conflicting.

The other deaths were from miscellaneous causes, amongst which there was no exceptional grouping.

Regarding the Infectious Diseases, there was the usual expected biennial outbreak of measles, 797 cases having been notified. As stated in previous reports, it is not practicable to prevent the dissemination of this disease, particularly amongst school-children (who usually bring it back from school to the pre-school children), as it is most infectious for about a week before the typical rash appears which brings it to the notice of the parents. Fortunately it is not a serious disease excepting when the comparatively infrequent complication of Broncho-pneumonia occurs. Occasionally, the Pneumonia precedes or coincides with, the onset of the rash and it is not uncommon for it to advance rapidly within 12 hours. Modern treatment with the antibiotics is successful excepting in the very advanced cases. There were no deaths amongst the 797 notified cases. Only one case occurred in the previous year.

There was also a minor outbreak of Whooping Cough, which in contrast to the biennial outbreaks of Measles, occurs mostly annually. 83 cases were notified in contrast to 135 the previous year. As with Measles, the most common serious complication is Broncho-pneumonia and similar remarks apply. Also, as with Measles, it is most infectious before it is usually identified and therefore it is not possible to prevent its spread. It would seem that the most effective method of prevention may lie in future in the use of the new vaccines, for which substantial claims are made by manufacturers and which are fairly widely used by Practitioners although the vaccines are still 'sub-judice' by the Medical Research Council. There was no death amongst the 83 cases.

Only one case of Poliomyelitis occurred during the year. The patient was infected when abroad on holiday, as the paralysis occurred on her return well within the incubation period. The patient made a satisfactory recovery, following partial paresis of the R. leg. No secondary cases occurred. It may be hoped that the new vaccine which has been produced will give effective immunisation against the disease and at least

ASHFORD URBAN DISTRICT KENT

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND
CHIEF SANITARY INSPECTOR
FOR THE YEAR 1955

To the Chairman and Councillors of the Ashford Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

It is my privilege to present to you my Annual Report for the year 1955.

According to the estimate of the Registrar General, the Home Population at mid-year, increased from 25,630 in 1954 to 25,770 in 1955, i.e. an increase by 140.

The number of births decreased from 391 in 1954 to 363 in 1955, i.e. a decrease by 18, and the corresponding birth-rate was 14.09 per 1,000 resident population; when adjusted by the Registrar General's Comparability Factor, which is based on an average standard population for comparison with other Districts, it becomes 14.5. That for England and Wales was 15. Following the high post-war birth-rates in the District the rate has gradually declined to an equilibrium around 15, and the post-war problems thereby created in relation to additional class-rooms in schools and overcrowding in homes, are not likely to arise again.

The number of still-births was 8, and the corresponding rate was 21.56 per 1,000 (live and still) births; this rate compares favourably with that for England and Wales which was 23.1. The best form of insurance against a high-rate is careful ante-natal supervision.

The number of infant deaths was also 8, and the infant mortality rate was accordingly 22.07. The causes of death are given in a table on page 10. It will be seen that the chief cause of deaths was, as in previous years, Prematurity. The other causes were chiefly congenital. This rate also compares favourably with that for England and Wales, i.e. 24.9. The constant supervision exercised over the growing infant and toddler at the Infant Welfare Centres is a valuable factor in the prevention of deaths, being complementary to the services of the family Doctor, who sees mostly children who are suffering from illness.

It is again gratifying to record that there was no death amongst mothers due to pregnancy, childbirth or abortion in relation to the 363 live-births and 8 still-births. In fact there has been no death since 1948, which reflects the skill and care of the Practitioners, Midwives and Consultants. The introduction of the Sulphonamides and the Antibiotics has reduced the morbidity and mortality from Puerperal Sepsis to a minimal proportion.

The total number of deaths from all causes was 277, and the corresponding death-rate was 10.75; when adjusted by the Registrar General's Comparability Factor, as for births, the rate becomes 9.35. That for England and Wales was 11.7.

The chief cause of deaths was Heart, Circulatory and

prevent the onset of paralyses or of the severe bulbar form which is the cause of most deaths. If so, a new era will have been reached, in that all the serious infectious diseases endemic in this country can be successfully prevented by immunisation or treated specifically.

The perfect example is immunisation against Diphtheria, of which there have been no cases in this District since 1948, following the inception of the mass immunisation campaign.

Six cases of Scarlet Fever were notified, 2 of whom were admitted to Hospital. In its present phase, the disease is very mild and the severe complications that once very frequent, are now comparatively rare. Many patients are now treated at home, the sulphonamides and the antibiotics having replaced, apart from exceptional cases, the use of antitoxin. Small outbreaks occasionally occur in Schools, usually caused by a nasal carrier. All school-children, who suffer from the disease, should have their noses and throats swabbed to make reasonably certain that they are not profuse convalescent carriers before their return to school.

Two isolated cases of Sonne Dysentery were notified and the source of infection could not be traced. There would seem to be no doubt that many cases are not notified as the disease, in its present phase is comparatively mild causing diarrhoea for several days only and often there is no blood in the stools which would be likely to make the patient consult the family Doctor. The disease is fairly wide-spread in the area and occasional outbreaks occur. The best method of prevention is the simplest, that is that the hands should be washed and the nails scrubbed after toilet and before meals.

There was one case of Post-infectious (Measles) Encephalitis. The child made a complete recovery.

Six cases of Puerperal Pyrexia were notified from the Maternity Ward of one of the local Hospitals, but the pyrexia was adequately treated by antibiotic therapy. The infection was due to a nasal carrier on the nursing staff who received appropriate treatment.

Regarding Tuberculosis, 14 new cases of the respiratory type were notified and 2 non-respiratory. This number of respiratory cases is lower than the annual average of about 20 and it is hoped that the number will gradually decrease each year until it is completely eradicated. Improved ascertainment, including immediate X-ray examinations made available in the Hospitals, and Mass Radiography surveys, are bringing to light the unsuspected sources of infection. Modern treatment has made great strides forward and most cases excepting the very advanced, can be successfully treated and re-habilitated.

The two cases of non-respiratory Tuberculosis were (1) of the Pelvis, Uterus and Fallopian Tubes and (2) of a Cervical Gland. It is not known whether the infection was of human or bovine origin.

In conclusion, I would like to take this opportunity of thanking my staff for their efficient and loyal co-operation.

I am,

Your obedient Servant,

J. MARSHALL.

M.B., Ch.B., D.P.H.

SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE

DISTRICT FOR 1955

AREA: 5,719 acres

REGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population 25,770

NUMBER OF INHABITED HOUSES ACCORDING
TO THE RATE BOOKS 8,837

RATEABLE VALUE: £187,330

SUM REPRESENTED BY A PENNY RATE: £760

SOCIAL CONDITIONS

Ashford is an agricultural and an industrial town and a business and shopping centre for the large rural community which surrounds it. It merits importance by containing the largest agricultural market in Kent and in having a railway junction where five lines converge, associated with which is a large Railway Works. There is also a number of other Factories, viz. Cycle Works, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Works, Ordnance Depot, and Bread Factory.

At present there is little unemployment in this District and in general apart from the shortage of houses, social conditions are fairly satisfactory.

EXTRACTS FROM VITAL STATISTICS

	Total	<u>M.</u>	<u>F.</u>		<u>Ashford</u> <u>Urban</u> <u>District</u>	<u>England</u> <u>and</u> <u>Wales</u>
Live Births	363	196	167	Birth Rate	14.09	15.0
(a) Legitimate	345	187	158	per 1,000		
(b) Illegitimate	18	9	9	estimated		
				resident		
				population		
Stillbirths	8	2	6	Rate per	21.56	23.1
(a) Legitimate	7	2	5	1,000 total		
(b) Illegitimate	1	-	1	(live and		
				still) births		
Deaths	277	136	141	Death rate	10.75	11.7
				per 1,000		
				resident		
				population		
Deaths from Pregnancy - Childbirth and Abortion.	-	-	-	Rate per	-	Not available
				1,000 (live		
				and still)		
				births		
Deaths of Infants under One Year of Age.	8	3	5			
(a) Legitimate	6	1	5			
(b) Illegitimate	2	2	-			
Infant mortality rate per 1,000 live births					22.07	24.9
Rate re legitimate infants					17.42	
Rate re illegitimate infants					11.11	
Deaths from Cancer (all ages)					40	
Deaths from Measles (all ages)					-	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)					-	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT

DURING 1955

				Males	Females
ALL CAUSES				136	1
1.	Tuberculosis, respiratory	...	...	2	3
2.	Tuberculosis, other	...	...	-	7
3.	Syphilitic disease	...	...	2	1
4.	Diphtheria	...	...	-	1
5.	Whooping Cough	...	...	-	1
6.	Meningococcal infections	...	...	-	1
7.	Acute Poliomyelitis	...	...	-	1
8.	Measles	...	...	-	1
9.	Other infective and parasitic diseases	...	...	2	1
10.	Malignant neoplasm, stomach	...	...	2	1
11.	Malignant neoplasm, lung, bronchus	...	...	8	3
12.	Malignant neoplasm, breast	...	...	-	3
13.	Malignant neoplasm, uterus	...	...	-	1
14.	Other malignant and lymphatic neoplasms	...	...	9	1
15.	Leukaemia, aleukaemia	...	...	1	1
16.	Diabetes	...	...	-	2
17.	Vascular lesions of nervous system	...	...	22	2
18.	Coronary disease, angina	...	...	25	-
19.	Hypertension with heart disease	...	...	6	-
20.	Other heart disease	...	...	17	-
21.	Other circulatory disease	...	...	4	-
22.	Influenza	...	...	2	-
23.	Pneumonia	...	...	5	-
24.	Bronchitis	...	...	11	-
25.	Other diseases of respiratory system	...	...	2	-
26.	Ulcer of stomach and duodenum...	...	...	1	-
27.	Gastritis, enteritis and diarrhoea	...	...	-	-
28.	Nephritis and nephrosis	...	...	2	4
29.	Hyperplasia and prostate	...	...	2	-
30.	Pregnancy, childbirth, abortion	...	...	-	-
31.	Congenital malformations	...	...	-	-
32.	Other defined and ill-defined diseases	...	...	6	3
33.	Motor vehicle accidents	...	...	-	-
34.	All other accidents	...	...	4	2
35.	Suicide	...	...	1	-
36.	Homicide and operations of war	...	...	-	-

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE
DISTRICT

1. Laboratory Facilities

The Public Health Laboratory Service which is directed by the Medical Research Council for the Ministry of Health is situated in County Hall, Maidstone, and provides valuable services on behalf of the Public Health Departments of District Councils. For example, samples of water, milk, ice-cream and other food-stuffs are regularly examined, and in relation to Infectious Disease their bacteriological reports are of great value.

The local General Hospitals also have their own Laboratories, which provide valuable services to all the other local Hospitals and to the Practitioners.

2. Ambulance and Hospital Car Service.

The County Council, being the Local Health Authority administers this service throughout Kent, but in this District, the St. John Ambulance Brigade, Ashford Corps (which incidentally is the oldest Corps in the Country), are responsible for the day to day execution of the service. There are four Ambulances in operation, manned by seven full-time Driver/Attendants, and by a panel of St. John Volunteers, whose devotion to duty merits high appreciation. There are also four Sitting-case Cars for ambulant cases, which cope with approximately 90% of these cases. A few cars, when necessary are provided by a panel of volunteer private car owners, who are re-imbursed on a mileage basis of payment. The service is adequate for the needs of the District and is operated very efficiently.

3. Treatment Centres and Clinics

All Maternity and Child Welfare, School and Dental Clinics are administered by the County Council.

The following Clinics are held in Ashford:-

(i) Station Road. This is the Central and chief clinic and is contained in an "ad hoc" building. The outlying clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2.0 p.m.

(ii) Women's Institute Hall, Church Road, North Willesborough.

Sessions are held at 2.0 p.m. on alternate Fridays.

(iii) The Adult School Hall, Gladstone Road, South Willesborough.

Sessions are held at 2.0 p.m. on Fridays alternating with the North Willesborough Clinic.

(iv) The Women's Institute Hall, Faversham Road, Kennington.

Sessions are held at 2.0 p.m. on the 2nd and 4th Wednesdays of each month.

(v) The Community Centre Beaver Lane, South Ashford.

Sessions at 2.0 p.m. on 1st, 3rd and 5th Wednesdays of each month.

Ante-natal, Post-natal and Women's Welfare Clinics.

These Clinics are held in the Station Road centre on the 2nd and 4th Monday afternoons at 2.0 p.m.

(i) The following four clinics of the School Medical Service are held at 14, Canterbury Road, Ashford.

- (a) Dental Clinic
- (b) Ophthalmic Clinic
- (c) Minor Ailment Clinic
- (d) Speech Therapy Clinic

(e) Orthopaedic Clinic

This clinic is held at Ashford Hospital, is administered by the Regional Hospitals Board and appointments are made by the County Public Health Department on behalf of school-children. It is held on the 1st Thursday of each month at 2 p.m.

(ii) Venereal Diseases Clinics.

This clinic is held at Ashford Hospital on Mondays and Wednesdays at 10 - 11 a.m. for Females and from 11 - 12 noon for Males.

(iii) Tuberculosis Clinic

This clinic is held at Ashford Hospital weekly on Tuesdays from 9.30 a.m.

(iv) Hospitals

- (a) Ashford General. Accommodation 138 beds.
- (b) Willesborough General. Accommodation 137 beds.
- (c) Infectious Diseases. Accommodation 40 beds.
- (d) Grosvenor Sanatorium (Private). Accommodation 265 beds.

4. Private Nursing Homes.

There is no Nursing Home in the District, the last Home having closed in 1953.

5. Home Nursing and Midwifery Services.

The County Council also administers these services. On the local staff, there are six full-time Home Nurse/Midwives who are engaged in Midwifery and Maternity Nursing and in the Home Nursing of the sick. The standard of service given by the Nurses is excellent and there is complete co-operation between them and the Practitioners. The majority of patients nursed in their homes are elderly chronic sick, many of whom are awaiting beds in Chronic Sick Hospitals which are still inadequate to cope with the waiting list.

6. The Maternity and Child Welfare Service.

This service is also administered by the County Council. There are five Child Welfare Centres within the District, which are conveniently situated for mothers, and the attendances are well maintained. The value of these Clinics is reflected in the gradually falling Infant Mortality rate in the District. Every baby brought to the Clinic is regularly examined and weighed to ensure that no unsuspected defects exist and that growth is normal and vigorous. The sale of essential foods and vitamin complements at cost price is also of value to the mothers. Immunisation against Diphtheria and Vaccination against Smallpox are also valuable services of proved preventive value, available at these Clinics.

The following table gives the number and causes of deaths amongst infants, i.e. under one year of age, during the year.

Months	1	2	3	4	5	6	7	8	9	10	11	12
rematurity	4	-	-	-	-	-	-	-	-	-	-	-
asphyxia	-	1	-	-	-	-	-	-	-	-	-	-
broncho-pneumonia	-	-	1	-	-	-	-	-	-	-	-	-
telactasis	1	-	-	-	-	-	-	-	-	-	-	-
intracranial Haemorrhage	1	-	-	-	-	-	-	-	-	-	-	-

7. The Domestic Help Service, the Family Help and the Evening and Night Attendant Services.

(a) The Domestic Help Service of the County Council has become a very important health service in the home and has rapidly expanded within recent years. The service is administered peripherally by Area and Local Domestic Help Organisers and the payment of incomes of applicants is done by the District Officers. In this District there is an adequate pool of Domestic Helps, who are paid 2/10d. per hour and there is a sliding scale of charges based on the family income of the applicant, the maximum charge being 3/7d. per hour.

The majority of those who benefit from the service are the aged and infirm and chronic sick and most of these receive the service free of charge. Regard, however, should be given to the fact that many would degenerate into Chronic Sick Hospital cases, without this service, where maintenance costs would far exceed the cost of domestic help. The service is also of great value to lying-in mothers and to those mothers, who are discharged from Hospital following operations, and others suffering from miscellaneous illnesses. The service relieves anxiety and stress in the home particularly where there are children under five years of age and aids the recovery of the mother from illness.

(b) The Family Help Service.

Prior to the recent introduction of this service, it was necessary to remove children, particularly those under five years of age, to expensive Children's Institutions from families in which the mother was absent from the home through severe illness, death, estrangement, desertion or separation or other cause. The service is designed to provide help and care for the children whilst the father is at work and the Domestic Help may be required to reside in the home. The maximum period of help is for three months, during which period the father is expected to make permanent arrangements for the care of his children. This is a valuable service and although there is only a small number of families who require this help, expensive Institutional maintenance, particularly where there is a large number of children in one family, is obviated.

(c) The Evening Attendant Service.

This service is designed to provide help to old people living alone but who do not require more help than half to one hours attention before retiring for the night. The number of old people who require this service is, however, not considerable.

(d) The Night Attendant Service.

This service provides for old people who are seriously ill and live alone. The helpers usually go at 10 p.m. and stay until 7 a.m. the following morning, and attend each night, including Sunday, until the patient recovers or dies or is removed to Hospital. Assistance is also given for several nights to relatives who are unable to stay every night throughout. This service has proved to be of great value to old people living alone, most of whom have strong nostalgic attachments to their homes.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

1. Water Supply

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by the Mid-Kent Water Company.

The Council provides the supply for Central and South Ashford and North and South Willesborough, and the Mid-Kent Water Company for Kennington.

Ashford Urban District Council Undertakings.

This supply is obtained from the following three sources.

(i) Westwell

There are four gravel-screen bore-holes, each with pumping plant installed to abstract 10,000 gallons per hour from each bore-hole. A softening plant (Clark's Process) is in operation here and additional softening plant was installed during the year (to meet the demand for an increased outflow from 20,000 to 30,000 gallons per hour) incorporating the use of sulphate of alumina and calgon. This required increased filtration and four sand pressure filters were installed in a new extension. Alterations to the water tower were also carried out to permit the injection of sulphate of alumina and calgon and achieve a quicker contact period of treatment. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 gallons) at Potter's Corner, from where it enters the supply network. There is a connection between this reservoir and two stand-by reservoirs (280,000 and 36,000 gallons respectively) at Barrow Hill and a connection with the Mid-Kent Water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with the Mid-Kent Water Company's supply in the Canterbury Road at Little Bybrook.

(ii) Henwood.

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus is diverted into the reservoir at Potter's Corner.

The above two supply the whole of Central and South Ashford.

(iii) Hinxhill

This water comes from a borehole approximately 200 feet

deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and Centrifugal pumps to a covered reservoir at Broomfields (100,000 gallons) from where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

Samples

By arrangement with the Public Health Laboratory Service samples for bacteriological examination are taken from the sources, reservoirs and points of the distribution network at the rate of seven each month. Samples for chemical analysis are also taken before and after treatment from the three sources at quarterly intervals.

Examination of Samples taken during the Year.

	<u>Bacteriological</u>		<u>Chemical</u>	
	<u>No.</u>	<u>Results</u>	<u>No.</u>	<u>Results</u>
Raw Water	34	Satisfactory	9	Satisfactory
Treated Water	60	59 Satisfactory 1 Unsatisfactory	14	Satisfactory

There are six houses not connected to the public supply mains, four of these are situate in Beaver Lane. 8,831 houses are connected to the public mains.

The Mid-Kent Water Company

(i) Barham

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from where it reaches the Kennington supply network.

(ii) Charing.

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill Reservoirs (capacity 1,000,000 and 283,500 gallons respectively. These reservoirs afford a subsidiary or auxiliary supply to Kennington.

Samples

Monthly bacteriological and quarterly chemical samples are taken. These, during the year were Class 1 waters bacteriologically and were chemically of good organic quality.

Drainage and Sewerage

A new outfall sewer was laid to cater for the new housing estate at Beaver Green. This was 1,300 yards in length and comprises 15" and 12" pipes.

Total number of inhabited houses (including Flats) is	...	...	...	...	...	8,837
Total number of houses connected to the sewers	...	...	...	...	...	8,605
Number of houses not connected to the sewers	...	...	...	...	...	232

3. Swimming Baths

The Ashford Urban District Council bath was in full use during the season. The water is chlorinated by a break-point chlorinator and there is also an electric suction sweeper for cleansing the basin of the bath. The size of the bath is 100 x 25 yards, and its capacity 600,000 gallons. Regular samples of the water were sent for bacteriological examination and all were satisfactory (B.Coli presumptive, absent in 100 c.c.s.)

4. Eradication of Vermin

The number of houses found to be infested with vermin was as follow:-

	<u>Bugs</u>	<u>Fleas</u>
Council houses	-	7
Other houses	2	6

Bug infestations were effectively cleared up by single treatments of D.D.T. 5% in Kerosene applied by spray. In the case of flea infestations no completely reliable method of eradication has been found and sulphur dioxide gas fumigation, dusting with insecticides including D.D.T. chlordan and pyrethrum formulations have been tried and also D.D.T. smokes. In some cases a second treatment was found to be necessary. There is an ever-increasing tendency for the general public to request assistance in dealing with domestic infestations of insects such as beetles, cluster flies, ants and earwigs and this year overy seventy wasps nests were dealt with in varying locations.

By arrangement with the Hospital Authorities, a disinfection service is provided for the local General Hospitals and the Isolation Hospital. Regular preventive treatments have brought about a very satisfactory level of control.

5. Rats and Mice Destruction.

Any infestation of dwelling houses by rats or mice are dealt with free. Wherever possible mice infestations in cottage property are dealt with by treating the terrace as a whole. Anti-coagulant rodenticides have been found most effective in clearing mice and rats. A charge has to be made in the case of business premises which, especially in the case of mice infestation, is an unfortunate arrangement as it tends for infestations on food premises in some cases to receive less effective and immediate attention. There is a reluctance to incur a charge or obtain authority to incur a charge to deal with 'one or two mice'.

As a result of an almost complete absence of signs of rat infestation of the sewerage system (apart from the town centre) as disclosed by the untouched baitings of manholes, it was decided for a trial period to introduce selective baiting of 10% of the sewer manholes whilst retaining complete treatments of the system in the town central area

only. Testing and treatments normally are carried out at six-monthly intervals. Concurrently with the fall of the rat population in the sewers has been noted a reduction in the number of surface infestations. The number of infestations dealt with during the year were 122 (rat) and 64 (mice).

Sanitary Inspection of the District.

Details of Inspection work carried out:-

					<u>No. of Visits and re-visits.</u>
Bakehouses	...	...	...	...	22
Dairies	...	...	...	...	27
Slaughterhouses	...	...	...	...	540
Offensive Trades	...	...	...	...	1
Factories with Mechanical Power)					177
Factories without Mechanical Power)	...	...	...	...	47
Workplaces	...	...	...	...	8
Butchers' Shops	...	...	...	...	56
Fish Frying Premises	...	...	...	...	12
Other Food Shops	...	...	...	...	181
Food Preparing Premises	...	...	...	...	95
Ice Cream Vendors	...	...	...	...	89
Rat and Mice Destruction	...	...	...	...	1020
Other Vermin	...	...	...	...	65
Housing Repairs	...	...	...	...	1401
Housing, adequacy of	...	...	...	...	73
Tents, Vans and Sheds	...	...	...	...	16
Offensive Accumulations	...	...	...	...	6
Keeping of Animals	...	...	...	...	12
Dustbins	...	...	...	...	21
Drainage Repairs	...	...	...	...	33
Drainage Cleansing	...	...	...	...	49
Sanitary Accommodation	...	...	...	...	195
Infectious Diseases	...	...	...	...	27
Smoke Abatement	...	...	...	...	28
Water Supply	...	...	...	...	22
Miscellaneous	...	...	...	...	392
Total					4,525

Work completed

Wash-hand basins	...	...	...	...	6
Brickwork repaired	...	...	...	...	10
Houses at which drains were repaired	...	...	...	...	11
Choked drains cleared	...	...	...	...	51
Intercepting traps fixed	...	...	...	...	4
Inspection chamber built	...	...	...	...	6
Soil and vent pipes fixed or repaired	...	...	...	...	5
Water supply pipes renewed or repaired	...	...	...	...	45
Sink waste pipes renewed	...	...	...	...	3
Sinks renewed	...	...	...	...	2
W.C. Pans fixed	...	...	...	...	9
Additional W.C.'s fixed	...	...	...	...	3
W.C. seats renewed	...	...	...	...	10
W.C.'s repaired or rebuilt	...	...	...	...	2
New flushing cisterns provided	...	...	...	...	27
Flushing cisterns repaired	...	...	...	...	12
Roofs repaired	...	...	...	...	29
Eaves, gutters and fall pipes	...	...	...	...	32
Chimney stacks repaired	...	...	...	...	15
Outbuildings	...	...	...	...	2

Accumulations removed	...	...	...	...	2
Yard Paving	...	...	...	...	9
Stoves repaired or renewed	..	...	...	...	12
Houses cleansed and/or disinfested			...	...	31
Window frames repaired or renewed			...	...	33
Sashcords repaired or renewed	...		...	...	24
Wall and ceiling plaster repaired			...	...	18
Rooms redecorated	...	...	...	...	12
Floors repaired	...	...	...	...	15
Miscellaneous	...	...	...	...	10
Dampness in walls remedied	...	...	...	...	46
Dampness in floors	...	...	...	...	2
Doors repaired or renewed	...	...	...	...	12
Staircase repaired	...	...	...	...	9
Sub-floor ventilation	...	...	...	...	12
External rendering	...	...	...	...	11
Window sill repaired	...	...	...	...	8
Fireplaces renewed	...	...	...	...	13
Fire-baskets provided	...	...	...	...	14
Draining boards provided	...	...	...	...	2
Putties perished and renewed	...	...	...	...	18
External painting	...	...	...	...	6
Ventilation	...	...	...	...	3
Light	...	...	...	...	1

FACTORIES ACT, 1937

1. Inspections for purposes of provision as to health (including inspection made by Sanitary Inspectors).

Premises (1)	Number on Reg- ister (2)	Number of			()
		Inspe- ctions	Written Notices	Occu- Prost	
i) Factories in which Section 1, 2, 3, 4 and 6, are to be enforced by Local Authorities.	38	47	8		
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	151	172	7		
iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	10	5	-		
Total	199	224	15		

2, Cases in which defects were found.

Particulars (1)	Found (2)	Remedied (3)	Referred		Number of cases in which Prosecution were Instituted (6)
			To. H.M. Inspector (4)	By. H.M. Inspector (5)	
of cleanliness (S.1)	6	6	-	4	-
crowding (S.2)	-	-	-	-	-
asonable Temperature (S.3)	-	-	-	-	-
equate Ventilation (S.4)	1	1	-	-	-
ective drainage of floors (S.6)	-	-	-	-	-
ary Convenience					
a) insufficient	3	3	-	-	-
b) unsuitable or defective	8	8	-	1	-
c) not separate for sexes	-	-	-	-	-
offences against the Act not including offences relating to outwork)	2	2	2	-	-
Total	20	20	2	5	-

SECTION D.

HOUSING

The number of dwellings completed during the year was as follows:-

	1955	1946 - 1955 (Inclusive)
(i) Prefabricated temporary bungalows	-	144
(ii) <u>New permanent houses:-</u>		
<u>Woolreeds Estate</u>		
(a) 2 bedroom type	-	9
(b) 3 " "	-	364
(c) 4 " "	-	21
(d) 2 " maisonettes	-	8
<u>Musgrove Estate</u>		
(a) 2 bedroom type	-	40
(b) 3 " "	-	73
(c) 4 " "	-	3
<u>Osborne Road Estate</u>		
(a) 2 bedroom type	-	28
(b) 3 " "	-	175
(c) 4 " "	-	4
<u>Aylesford Green Estate</u>		
(a) 2 bedroom type	4	6
(b) 3 " "	10	10

<u>Repton Estate</u>	<u>1955</u>	<u>1946 - 1955</u> <u>(inclusive)</u>
(a) 2 bedroom type	-	30
(b) 3 " "	-	60
<u>Burton Estate</u>		
(a) 2 bedroom type	2	58
(b) 3 " "	2	94
(iii) <u>Flats</u>		
<u>Musgrove Estate</u>		
(a) Gregory Flats	-	16
(b) Bed-sitting room Type	-	20
(c) 2 bedroom Easiform type	-	16
<u>Woolreeds Estate</u>		
(a) Bed-sitting room type	-	6
(b) 2 bedroom type	-	6
<u>Godfrey Walk</u>		
(a) Bed-sitting room type	-	13
(b) 1 bedroom type	-	27
(c) 2 " "	-	28
<u>Aylesford Green Estate</u>		
(a) 2 bedroom type	20	20
(b) 1 " "	12	12
<u>Beaver Green Estate</u>		
(a) Gregory Flats	28	28
<u>Waterside House and East Stour Farm</u>	-	13
<u>Repton Estate</u>	-	48
(iv) <u>Old People's Bungalows</u>		
(a) <u>Burton Estate</u>	-	12
(v) <u>Hutment Units (Stanhope Camp)</u>	-	30
Total number of units provided by the Council	78	1,422
Number provided by private enterprise	78	286

Analysis of Applications for Council Houses registered to 30th June, 1956.

Childless couples	...	...	...	...	103
1 child families	...	...	...	...	107
2 " "	...	...	...	...	65
3 " "	...	...	...	...	30
4 " "	...	...	...	...	9
5 or more child families	...	...	...	...	8
Applicants for bed-sitting room flats	...				41

Applicants working in Ashford, who are adequately housed elsewhere.

Childless Couples	...	...	...	...	20	
1 child families	...	...	...	...	31	
2 " "	...	...	...	...	29	
3 " "	...	...	...	...	11	
4 or more child families	...	...	...	...	4	95
Local householders adequately housed	...					162
Not considered eligible at present (Service applicants etc. applying for accommodation on discharge.						23

					TOTAL	723

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

Milk Supplies

There are in the Urban District 6 Producers of milk of whom 3 are Producer Retailers. Of the Producers 4 produce Tuberculin Tested milk. There are 23 registered distributors of milk.

Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Regulations 1949 are maintained. Samples of milk, in course of delivery, are taken regularly and were satisfactory. Periodic samples of milk are taken from dairies for examination of the presence of Tubercle Bacilli and during the year 13 such samples all gave negative results.

During the year, the following samples were taken for examination in accordance with the tests prescribed by the Milk and Dairies (Special Designations) Regulations.

		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	...	3	-
Sterilised	...	-	-
Pasteurised	...	4	-
Raw Milk	...	3	-

Ice Cream

With the virtual elimination of the small producer in this area, the control of this increasingly-popular article of food has become simplified. A very high standard is attained by the manufacturers in the cleanliness of their product and a few samples taken are fairly representative of all the ice cream sold in this area. Some thirteen samples for examination were submitted for examination and in no instances were bad reports received. Hand washing facilities with hot and cold water laid on are insisted upon before premises are registered for the sale of ice cream and such registrations are now limited to the sale of the wrapped or pre-packed product only. In seventy-five shops registered for the sale of ice cream only one retails the product 'loose'.

Meat and Other Foods.

Unsound Food (Food and Drugs Act, 1938)

Unsound Food Surrendered

	lbs.		lbs.
Ham ...	119	Jam ...	1 $\frac{1}{2}$
Brawn ...	4 $\frac{3}{4}$	Marmalade...	25 $\frac{1}{2}$
Tongue ...	$\frac{3}{4}$	Macaroni ...	8 $\frac{1}{2}$
Corned Beef ...	279 $\frac{1}{4}$	Spaghetti	3
Veal or Beef Loaf	119 $\frac{1}{4}$	Biscuit Meal	1 $\frac{1}{4}$
Stewed Steak ...	36	Sausages	1
Luncheon Meat	170 $\frac{3}{4}$	Tinned Milk	103 $\frac{3}{4}$
Fish ...	74 $\frac{3}{4}$	Vegetables	207 $\frac{3}{4}$
Cheese ...	12 $\frac{3}{4}$	Soup ...	1
Flour ...	16	Fruit ...	209 $\frac{3}{4}$
Pork ...	3	Tomatoes ...	53 $\frac{3}{4}$
Fruit Juices ...	35 $\frac{1}{2}$	Paste ...	$\frac{1}{2}$
Bacon ...	1288	Gravy Powder	23
Strained Foods	$\frac{1}{4}$	Cereals ...	4

Total weight condemned : 1 ton 4 cwts. 12 $\frac{1}{4}$ lbs.

Regular routine inspections are made of food preparing premises, twenty-five of which are registered for the manufacture of meat products, and of market stalls and also random checks are made of vehicles conveying foodstuffs. No opportunities are lost of emphasizing to food handlers, whilst at their places of employment, the need for hygienic practices.

Meat Inspection

Carcases and Offal inspected and condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	284	114	176	2755	5115	
Number inspected	284	114	176	2755	5115	
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	1	-	3	27	12	
Carcases of which some part or organ was condemned	82	42	6	251	923	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	29.2	36.8	5.1	1.0	18.3	
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	1	-	1	5	
Carcases of which some part or organ was condemned	7	9	-	-	207	
Percentage of the number inspected affected with tuberculosis.	2.5	8.8	-	-	4.1	

(Table continued overleaf)

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep & Lambs</u>	<u>Pigs</u>	<u>Horses</u>
<u>stercosis</u>						
cases of which some part organ was condemned	2	-	-	-	-	-
cases submitted to treatment by refrigeration	2	-	-	-	-	-
generalised and totally condemned	-	-	-	-	-	-

The careful selective buying of good quality beasts by the local butchers coupled with the success of the farmers efforts to eradicate bovine tuberculosis from herds are clearly reflected in the low incidence of tuberculosis found at the slaughterhouses and the entire absence of congenital infection. An ewe rejected on the grounds of a generalized tuberculosis, was showing typical lesions of an old (ingested) infection but laboratory examination of specimens failed to demonstrate the bacillus.

Notifiable Diseases During the Year, 1955.

<u>Disease</u>	<u>Total Cases Notified</u>	<u>Cases Admitted to Isolation Hospital</u>	<u>Total Deaths</u>
Scarlet Fever	6	2	-
Whooping Cough	83	2	-
Dysentery	1	-	-
Measles	797	5	-
Acute Primary or Influenzal Pneumonia	7	1	-
Acute Poliomyelitis (Paralytic)	1	1	-
Intermittent Pyrexia	6	-	-
Dysentery	2	-	-
Acute Encephalitis (Infective or Post Infectious)	1	1	-
Malaria B.T.	1	-	-

Analysis Under Age Groups

			Under 1 Year	1	2	3	4	5- 9	10- 14	15- 19	20- 34	35- 44	45- 64	65 & over
Scarlet Fever	...	...	-	-	-	-	1	4	1	-	-	-	-	-
Whooping Cough	...	...	10	9	10	7	7	34	-	-	2	2	-	-
Measles	...	...	16	47	74	85	76	475	10	2	4	1	-	-
Acute Primary or Influenzal Pneumonia	...		-	-	-	-	-	-	-	-	2	2	3	-
Acute Poliomyelitis (Paralytic)			-	-	-	-	-	-	-	-	1	-	-	-
Erysipelas	...	...	-	-	-	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia	...		-	-	-	-	-	-	-	-	6	-	-	-
Dysentery	...	...	-	-	-	-	-	-	1	-	1	-	-	-
Acute Encephalitis (Infective or Post Infectious)			-	-	-	-	-	1	-	-	-	-	-	-
Malaria B.T.	...	...	-	-	-	-	-	-	-	-	1	-	-	-

Public Health (Prevention of Tuberculosis)
Regulations, 1925 and Public Health Act, 1936
(Section 172)

No action was necessary during the year in accordance with the above powers.

There were three deaths from Pulmonary Tuberculosis of patients who had not been notified as suffering from this disease.

TUBERCULOSIS

New Cases and Mortality 1955.

Age Periods	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	1	-	-	-	-	1	-
15	1	1	-	-	-	-	-	-
25	3	2	-	2	-	1	-	-
35	3	-	-	-	-	-	-	-
45	1	-	-	-	-	-	-	-
55	1	-	-	-	-	1	-	-
65	1	-	-	-	-	-	-	-
TOTALS	10	4	-	2	-	2	1	-

Immunisation against Diphtheria, 1955.

The following is a return of the number of children under the age of 15 years on 31st December, 1955, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1941).

Year of Birth	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total
Last complete course of injections (whether primary or booster) 1951 - 1955	83	153	213	217	182	389	387	358	338	397	297	327	287	252	24	3904
1950 or earlier	157	121	26	70	129	14	21	17	29	7	-	-	-	-	-	591

Immunisation against Diphtheria and Vaccination against Smallpox, 1955

The following is a return of (A) the number of children who were immunised against diphtheria and (B) the number of persons who were vaccinated against smallpox, during the year ended 31st December, 1955.

(A) Diphtheria Immunisation

Year of Birth	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	Total
Primary Inoculations	24	219	39	10	3	8	23	2	5	2	-	2	-	-	1	338
Re-inforcing Inoculations	-	-	-	-	15	234	83	8	70	15	3	236	-	-	-	664
<u>(B) Vaccination</u>																
Primary Vaccination	125	100	6	2	3	1	2	1	2	-	2	1	-	-	-	Before 1941 18
Re-Vaccination	-	-	1	-	2	3	1	-	4	3	-	1	4	3	2	26 50
																Total 263



